



ITW

PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/057,532-Conf. #2344
	Filing Date	January 25, 2002
	First Named Inventor	Jeffrey A. Lyon
	Art Unit	1645
	Examiner Name	P. Baskar
	Attorney Docket Number	38644-197852

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input checked="" type="checkbox"/> Response to Notice to File Corrected Application Papers  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s): 5 sheets  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/>  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Copy of Notice to File Corrected Application Papers
<div>Remarks</div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	VENABLE LLP		
Signature			
Printed name	Ann S. Hobbs		
Date	October 16, 2007	Reg. No.	36,830



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL

### For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

0.00

**Complete if Known**

Application Number	10/057,532
Filing Date	January 25, 2002
First Named Inventor	Jeffrey A. Lyon
Examiner Name	P. Baskar
Art Unit	1645
Attorney Docket No.	38644-197852

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 210380 referencing    Deposit Account Name: U.S. Army Medical & Command

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below                      ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                      ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims

-

=

Extra Claims

x

Fee (\$)

=

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

-

=

Extra Claims

x

Fee (\$)

=

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

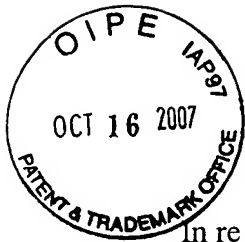
Fee (\$)

=

Fee Paid (\$)

**SUBMITTED BY**

Signature	<u>[Signature]</u>	Registration No. (Attorney/Agent)	36,830	Telephone	(202) 344-4000
Name (Print/Type)	Ann S. Hobbs	Date	October 16, 2007		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
LYON et al.

Serial No. 10/057,532

Filed: January 25, 2002

For: RECOMBINANT P. FALCIPARUM  
MEROZOITE PROTEIN-142 VACCINE

Art Unit: 1645

Examiner: P. Baskar

Atty. Docket No. 38644-197852

Customer No.

26694

PATENT TRADEMARK OFFICE

**RESPONSE TO FILE CORRECTED APPLICATION PAPERS**

**Mail Stop: Issue Fee**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Notice to File Corrected Application Papers mailed August 17, 2007, replacement drawing sheets 1-5 (Figures 1A, 1B, 2A, 2B, 2C, 3, 4, 5 and 6) are filed herewith, along with a copy of the Notice.

The replacement drawings remove all markings as specified on the PTO Notice that otherwise obscures the illustration of the drawings.

It is believed that no fees are due in the submission of this Response. If any fees are due, please charge Deposit Account No. 210-380.

Respectfully submitted,

Date: October 16, 2007

Ann S. Hobbs

Registration No. 36,830

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# UNITED STATES PATENT AND TRADEMARK OFFICE

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United States Patent and Trademark Office  
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/057,532	01/25/2002	Jeffrey A. Lyon	003/240/SAP	2344

7590 08/17/2007  
ATTN: MCMR-JA (Ms. Elizabeth Arwine-PATENT ATTY)  
U. S. Army Medical Research and Materiel Command  
504 Scott Street  
Fort Detrick, MD 21702-5012

EXAMINER  
BASKAR, PADMAVATHI

ART UNIT PAPER NUMBER

1645

MAIL DATE DELIVERY MODE

08/17/2007

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

STAFF COUNSEL ADVOCATE  
FORT DETRICK, MD  
2007 AUG 20 AM 9:50



UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

Serial No. : 10/057532  
Applicant: Lyons  
Filing Date : 01/25/02  
Date Mailed : 08/17/07

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

### *Notice of Allowance Mailed*

This application has been accorded an Allowance Date and is being prepared for issuance. The application, however, is incomplete for the reasons below.

Applicant is given 60 days from the mail date of this Notice within which to correct the informalities indicated below. If the informality pertains to the abstract, specification (including claims) or drawings, the informality must be corrected with an amendment in compliance with 37 CFR 1.121 (or, if the application is a reissue application, 37 CFR 1.173). Such an amendment may be filed after payment of the issue fee if limited to correction of informalities noted herein. See Waiver of 37 CFR 1.312 for Documents Required by the Office of Patent Publication, 1280 Off. Gaz. Patent Office 918 (March 23, 2004). In addition, if the informality is not corrected until after payment of the issue fee, for purposes of 35 U.S.C. 154(b)(1)(iv), "all outstanding requirements" will be considered to have been satisfied when the informality has been corrected. A failure to reply will result in the application being ABANDONED. This period for reply is NOT extendable under 37 CFR 1.136(a).

See attachment.

*A copy of this notice **MUST** be returned with the reply. Please address response to  
"Mail Stop Issue Fee, Commissioner for Patents,  
P.O. Box 1450, Alexandria, VA 22313-1450".*

L. Fletcher \_\_\_\_\_  
Your name  
Office of Patent Publication  
Phone: 703-308-9250, ext. 143



Application No. 10/057532 Drawings filed 06/28/02

### IDENTIFICATION OF DRAWING DEFICIENCIES

- ☐ There is a hole or the image thereof within the illustration. FIG(s) \_\_\_\_\_
- ☐ The character of the lines, numbers and letters is poor. FIG(s) \_\_\_\_\_
- ☐ The illustration is penetrated or traversed by a solid or broken line that is not intended to be part of the drawing, such as a dark line caused by a flaw in the copying process. FIG(s) \_\_\_\_\_
- ☒ An ink stamp or an image obscures part of the illustration. FIG(s) 6
- ☐ The drawing is marred by black smudges, obliterations, or fax/copier marks. FIG(s) \_\_\_\_\_
- ☐ Figure numbers are duplicated or missing. FIG(s). \_\_\_\_\_
- ☐ Numbers, letters, or reference characters in the drawing have been crossed out by hand or are illegibly handwritten. FIG(s) \_\_\_\_\_
- ☐ The drawing's background shows that the original drawing was made on graph paper or other paper with a pattern or decoration. FIG(s) \_\_\_\_\_
- ☐ The FIG. number label is placed in a location that causes the drawing to be read upside down. FIG(s) \_\_\_\_\_
- ☐ Data, a reference number, or part of the drawing is truncated or missing. FIG(s) \_\_\_\_\_
- ☐ The drawing is continued onto a second page (or more) without proper labeling under 37 CFR 1.84(u)(1). FIG(s) \_\_\_\_\_
- ☐ The drawing and/or the FIG. label contain(s) foreign language. FIG(s) \_\_\_\_\_
- ☐ Color drawings are present in this application but the following 37 CFR 1.84(a) requirements have not been met\*:
  - ☐ Petition filed
  - ☐ Petition fee
  - ☐ 3 sets of color drawings
  - ☐ Color drawing paragraph

\*If color drawings are not elected, then applicant must respond so stating. Also, references to color drawings in the specification, if any, must be amended.381.

COMMENTS: Figs. 6 is obscured by date stamp. Please submit replacement drawings.